



TOWN OF LANCASTER  
ASSESSORS OFFICE

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**CLOSURE OF BUSINESS NOTICE**

DBA: \_\_\_\_\_

Owner (if different): \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_

Business closed as of (date): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***For Office Use Only:***

Parcel Id or Account #:

Date deleted:

Verified by: